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## Collaborative Education: an innovative method of teaching undergraduate nursing students

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## ***Collaborative Education: an innovative method of teaching undergraduate nursing students***

### **Slide 1**

Good Morning everyone and thank you for your interest in attending this presentation, and also a huge thank you to the ICIN conference organisers for the honour to present my paper.

The aim of this presentation is to provide you with an insight into the structure of a unit I teach at Notre Dame University, where we have incorporated the idea of collaborative education as a method of teaching our undergraduate nursing students.

### **Slide 2**

As a definition, “Collaborative education is an active learning experience crossing institutional, professional and historical boundaries”. That active learning experience is the essence of collaborative education, and is often expressed with the phrase, “learning by doing”. Academics and health care organisations become experts in the collaborative process only by immersion in it through actively working with each other in its design. They need to participate actively in the joint development of programs as well as with the students in the shared activities.

### **Slide 3**

What I am here to present to you is the understanding that “Collaborative learning represents a significant shift away from the typical teacher- centered or lecture-centered milieu in college classrooms”. It is in a model such as the one we have devised at Notre Dame University.

#### **Slide 4**

The National Review of Nursing Education recent submission outlines several issues and recommendations for terms of reference, some of which are inadequate number of nurse educators and clinical support nurses and inadequate preparation of students for competency in the workplace,

The literature recognises that a supportive environment for students and opportunities for students to practise activities are important in continuous learning (Pearcey and Elliott 2004). Collaboration between academic and health service sectors is constantly being strengthened to enhance the support for student learning (McKenna and Wellard 2004; Richardson et al 2000; Gassner et al 1999; Davies et al 1999).

#### **Slide 5**

As my specialty is in perioperative nursing, the talk today will be focused on the Perioperative Nursing Care unit of our curriculum, which is an introduction to this specialised area of nursing. The method used here is easily transferable to any other nursing skills unit in the curriculum.

#### **Slide 6**

Just a brief background for those of you who are not familiar with the University of Notre Dame's Nursing Programme. The three year BN offers a formal curriculum which contains all of the subjects mandated for nursing accreditation in Western Australia, while placing strong emphasis on clinical and hospital experience. The course is highly practical in its orientation where students undertake around 13 weeks

of clinical practice each year in a variety of hospital, community and healthcare settings and mentored by experienced registered nurses.

### **Slide 7**

The perioperative unit is named Perioperative Nursing Care with the code NS204. This unit is conducted over a period of eight weeks consisting of two hour lectures and one hour laboratory sessions per week. Students are required to attend all lectures and laboratory sessions.

### **Slide 8**

The perioperative program as seen here gives students a broad overview of the specialty covering subjects from history and layout of the operating room such as temperature, humidity, laminar flow, anaesthetics, sterilization and recovery room nursing to name a few.

The practical component of the perioperative course are the laboratory session during the semester where students practice skills such as instrumentation, draping, surgical prepping, recovery room handover to ward nurse and the technique of scrubbing, gowning and gloving. Here are some photos of these sessions. All skills and techniques covered in the program are in accordance with the ACORN competencies and standards. There are a maximum 20 students in each laboratory sessions and in keeping with small class sizes which is known to be a better learning environment.

### **Slide 19**

A unique part of the unit is the inclusion of a clinical workshop day organised between UNDA and two major hospitals, Fremantle Hospital (FH) and St John of God Hospital, Subiaco (SJOG) in metropolitan Western Australia. We decided that a clinical workshop day such as this will expose students to the unfamiliar environment prior to going out on their practical experience and bridge the theory-practice gap. Students are required to attend this clinical workshop day which runs for three hours and the attendance at this workshop compensates for the removal of a lecture session at the university.

### **Slide 20**

The coordinating of the clinical workshop day with the major hospitals has to be performed well in advance. Initially I liaised with the Nursing Directors of both hospitals who then referred me to the respective staff development nurses of the theatres. A copy of the schedule for the day was sent out to them and we also discussed the logistics such as costs of scrub uniforms, anticipated equipment usage, security, parking and the general layout of the department in terms of where we could take the students through.

### **Slide 21**

Once these are in place, it is much easier in subsequent years, where the same model is used and there were very little variations in the cost of the clinical workshop day. It was decided by both hospitals that it is more feasible to conduct the clinical workshop day on weekends, as weekdays are inappropriate for 170 students to go through the

department. The groups are led by tutors from the School of Nursing who are experienced perioperative nurses and has all been educated on the general layout of both the operating theatre departments.

### **Slide 20**

The 3 hour session consisting of 20 students in each group is an informal one and students are introduced to the perioperative environment in a relaxed way where they are able to ask the tutor questions and browse the department in groups. There were total of 2 groups in a day, 1 in morning and 1 in the afternoon totalling to 4 groups for Saturday and Sunday at one hospital. The program is the same for the morning and afternoon sessions and for both hospitals.

We decided that we would take advantage of being in the hospital environment by also conducting a piece of assessment at the venue. The clinical skills assessment for this peri-operative unit is the skills of scrubbing, gowning and gloving. The students are taught the skill at the laboratory sessions in university and they are assessed on the skill in the real-life setting of an operating theatre scrub room/area. The aim also is that they are able to understand and demonstrate preparing their gown and gloves on a trolley and tidying up at the end.

### **Slide 27**

Clinical practicum like most universities is done at the end of the 8 week semester after examination and assessments. Students are allocated to various perioperative environments throughout Western Australia, and interstate or overseas if that can be

organised. Through a mentorship model, students are preceptored by a registered nurse throughout their practical experience in the perioperative department commonly lasting around 3 to 4 weeks continuous.

### **Slide 33**

A review of the clinical workshop day and the effectiveness of the NS204 unit was implemented. Survey method using specifically tailored questions were distributed to the students on two occasions: post clinical workshop day on the weekend and post clinical practicum.

Overall, this review indicated a positive evaluation of the teaching strategies and preparation for the operating theatre experience, supporting the continuation of the way the perioperative unit is currently conducted.

And as you can see from this table, majority of the students either agree or strongly agree with the organising of the program. We also added this question at the end of the survey 'I am interested in pursuing a career in perioperative nursing' and interestingly 70% said yes.

### **Slide 34**

To gauge the effectiveness of the course, I thought that I would give you some testimonials from the students. Here are some of the comments from the Survey Post-weekend Workshop and before their practical Experience:

*“Although I had a Sunday morning session, a couple of hours out of the day was not horrific! Very good experience prior to the commencement of prac – as it provided us with exposure to un-familiar surroundings.”*

*“Many nurses commented on my practicality and were impressed with the knowledge I gained from this unit. Most of them said they were thrown in the deep end when they learnt, and feels this is a better way to introduce more nurses to perioperative nursing.”*

### **Slide 35**

*“I believe that the perioperative unit I undertaken gave me a better understanding of the perioperative area, as it is an area of mystery for most nurses, especially nursing students. I think this unit is essential for a complete understanding of the perioperative area “*

*“It was a great experience. I can now relate to the theory...it all makes more sense now. Nothing needs to be changed it was all enlightening. And most of all it was fun 😊 Great idea, it took the pressure off the actual test because we were in the right environment...much better than scrubbing in our classrooms 😊”*

### **Slide 36**

Comments from Survey Post Clinical Experience or post practicum are:

*“This was a great unit which gave us great insight into the role of the perioperative nurse. OR nursing is completely different from nursing in the wards and through this experience I believe we were given the opportunity to get a better understanding of:*

- 1. what we may like to pursue after graduation,*
- 2. what actually occurs in theatre which will ultimately benefit us even if we never work in a theatre environment.”*

*“I felt that the course gave us an edge because we already knew quite a lot before we started prac which really shocked (pleasantly) some of my preceptors. Personally the course gave me extra confidence when ‘entering’ the theatre environment. That is because theatre is SO very different to ward nursing... (A good different but).”*



### **Slide 37**

Some of the negative comments were mainly in relation to the workshop day and time of the workshop and that it is held on a weekend. Over the past two years when we ran this program, the dates when students had to attend the clinical workshop day fell on The Grand Final weekend in one year and Fathers day the next. We will be looking into doing the program in the week where there will be no clashes with important dates.

### **Slide 38**

Here are some of the comments from the students:

*“I thought it was a good idea other than the stipulated weekend times.”*

*“Sunday a.m. not the best”*

And this is another good one...

*“It wasn’t very acceptable to have it on fathers day”*

### **Slide 39**

Overall, in terms of the experience on the clinical workshop day, one of the questions in the survey was “The experience of a ‘real’ operating room has proved worthwhile and 90% of students responded agree or strongly agree.

#### **Slide 40**

This presentation described how the perioperative unit at UNDA is responding to the current pressures in the perioperative workforce. The innovative program prepares the student nurse not only through covering the theories and techniques in relation to the perioperative environment but also exposing students to the unfamiliar environment by way of a non-threatening environment in the clinical workshop day. Students are more ready for their practical placements and there were significant interest in pursuing a career as a perioperative nurse when they graduate.

#### **Slide 41 and 42**

The success of this yearly 8 week program is due in part to the collaborative effort and support of a team of nurses across both academic area and health services.